1 2 3 4 5 6 7 8 9 10	OSTEOPATHIC MEDICAL DEPARTMENT OF O	FILED JUL 1 4 2016 OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA RE THE L BOARD OF CALIFORNIA CONSUMER AFFAIRS	
12	STATE OF CALIFORNIA		
13	In the Matter of the Accusation Against:	Case No. 00-2013-003759	
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15 16	BENNIE S. JOHNSON, D.O. 227 N. El Camino Real, # 204A Encinitas, CA 92024	ACCUSATION	
17	Osteopathic Physician's and Surgeon's		
18	Certificate No. 20A11324,		
	Respondent.		
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21	Complainant alleges:		
22	PARTIES		
23	1. Angelina M. Burton (Complainant) brings this Accusation solely in her official		
24	capacity as the Executive Director of the Osteopathic Medical Board of California.		
25	2. On or about July 30, 2010, the Osteopathic Medical Board of California (Board)		
26	issued Osteopathic Physician's and Surgeon's Certificate No. 20A11324 to Bennie S. Johnson,		
27	D.O. (respondent). The Osteopathic Physician's and Surgeon's Certificate No. 20A11324 was in		
28	full force and effect at all times relevant to the charges brought herein and will expire on		
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	ACCUS	SATION	

November 30, 2017, unless renewed.

JURISDICTION

- 3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
 - 4. Section 3600 of the Code states:

"The law governing licentiates of the Osteopathic Medical Board of California is found in the Osteopathic Act and in Chapter 5 of Division 2, relating to medicine."

5. Section 3600-2 of the Code states:

"The Osteopathic Medical Board of California shall enforce those portions of the Medical Practice Act identified as Article 12 (commencing with Section 2220), of Chapter 5 of Division 2 of the Business and Professions Code, as now existing or hereafter amended, as to persons who hold certificates subject to the jurisdiction of the Osteopathic Medical Board of California, however, persons who elect to practice using the term or suffix "M.D." as provided in Section 2275 of the Business and Professions Code, as now existing or hereafter amended, shall not be subject to this section, and the Medical Board of California shall enforce the provisions of the article as to persons who make the election. After making the election, each person so electing shall apply for renewal of his or her certificate to the Medical Board of California, and the Medical Board of California shall issue renewal certificates in the same manner as other renewal certificates are issued by it."

- 6. Section 2227 of the Code states:
- "(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
 - "(1) Have his or her license revoked upon order of the board.
- "(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

- "(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
- "(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
- "(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
- "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."
 - 7. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

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- "(b) Gross negligence.
- "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- "(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

ACCUSATION

Patient R.K.

- 13. Prior to receiving medical care at pH Miracle Center, patient R.K. had been diagnosed with right breast cancer in or around August 2012 and has had a lumpectomy.¹
- 14. On or about August 27, 2012, patient R.K. began receiving medical care at pH Miracle Center. Respondent failed to obtain a thorough history or conduct a complete physical examination, before initiating treatment on patient R.K.
- 15. During treatment of patient R.K., respondent failed to obtain a history or conduct physical examinations, periodically.
- 16. On or about August 27, 2012, respondent ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient R.K. Based on the results of the August 27, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) Breast Ultrasound;
 - b) Abdominal and Pelvic Ultrasound;
 - c) Colon, gallbladder, and liver cleanses;
 - d) Proper hydration and exercise; and
 - e) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.
- 17. On or about August 27, 2012, respondent ordered and/or directed and/or approved administration of bilateral lower extremity venous ultrasound, bilateral lower extremity arterial ultrasound, bilateral breast ultrasound, and carotid ultrasound on patient R.K.
- 18. On or about August 29, 2012, respondent ordered and/or directed and/or approved administration of Intravenous therapy (IV therapy) on patient R.K. Respondent prescribed 50 mL of Sodium Bicarbonate, 10 mL of Magnesium Chloride, and 5 mL of N-Acetylcysteine. After IV

¹ Lumpectomy is a surgical operation in which a lump is removed from the breast, typically when cancer is present, but has not spread.

therapy was initiated on patient R.K., respondent failed to properly monitor the fluid input and output of patient R.K. Respondent also failed to examine any signs or symptoms of fluid overload in patient R.K., such as swelling in the legs, crackles in the lungs,² and shortness of breath. In addition, respondent failed to monitor patient R.K.'s weight on a weekly basis, in order to ensure that she was not gaining weight from too much fluid.

- 19. On or about September 3, 2012, respondent again ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient R.K. Based on the results of the September 3, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) Breast Ultrasound;
 - b) Proper hydration and exercise; and
 - c) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.
- 20. On or about September 3, 2012, respondent ordered and/or directed and/or approved administration of right lower extremity arterial ultrasound and right breast ultrasound on patient R.K.
- 21. On or about September 10, 2012, respondent again ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient R.K. Based on the results of the September 10, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) Breast Ultrasound;
 - b) Proper hydration and exercise; and
 - c) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.

² Crackles in the lungs are sounds emitted during a lung exam, indicating fluid in the lungs.

22.	On or about September 10, 2012, respondent ordered and/or directed and/or approved	
administration of right breast ultrasound, right lower extremity arterial ultrasound, abdominal and		
pelvic ultrasound, and thyroid ultrasound on patient R.K.		
23.	Respondent committed gross negligence in the care and treatment of patients R.K.,	
which	which included, but was not limited to, the following:	
	(a) Respondent failed to obtain a thorough history or conduct a complete physical	
exam	examination, before initiating treatment on patient R.K.	
	(b) During treatment of patient R.K., respondent failed to obtain a history or	
cond	uct physical examinations, periodically.	
Patient M.K.		
24.	Prior to receiving medical care at pH Miracle Center, patient M.K. had a history of	
bladder cancer and kidney cancer with metastases to the spine, liver, and lungs. She has had		
multiple surgeries, radiation treatments, and multiple small bowel obstructions due to adhesions.		
25.	On or about July 15, 2012, patient M.K. began receiving medical care at pH Miracle	
Center. Re:	spondent failed to conduct a obtain history or conduct a complete physical	
examination, before initiating treatment on patient M.K.		
26.	During treatment of patient M.K., respondent failed to obtain a history or conduct	
physical examinations, periodically.		
27.	On or about July 16, 2012, respondent ordered and/or directed and/or approved	
administration of a full body medical diagnostic ultrasound and thermography.		
28.	Based on the results of the July 16, 2012, full body medical diagnostic ultrasound and	
thermography, respondent made the following recommendations, among others:		
	a) Breast Ultrasound;	
	b) Abdominal and Pelvic Ultrasound;	
	c) Colon, gallbladder, and liver cleanses;	
	d) Proper hydration and exercise; and	

treatment.

- 29. On or about July 16, 2012, respondent ordered and/or directed and/or approved administration of bilateral lower extremity venous ultrasound, thyroid ultrasound, carotid ultrasound, bilateral breast ultrasound, bladder ultrasound, abdominal ultrasound, and bilateral lower extremity arterial ultrasound on patient M.K.
- 30. On or about July 23, 2012, respondent again ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient M.K. Based on the results of July 23, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) Proper hydration and exercise; and
 - b) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.
- 31. On or about July 23, 2012, respondent ordered and/or directed and/or approved administration of Intravenous therapy (IV therapy) on patient M.K. Respondent prescribed 500 mL of 0.45% saline, 75 mL of Sodium Bicarbonate, 10 mL of Magnesium Chloride, and insulin, once a week.
- 32. On or about Jul 23, 2012, after IV therapy was initiated on patient M.K., respondent failed to properly monitor the fluid input and output of patient M.K. Respondent also failed to examine any signs or symptoms of fluid overload in patient M.K., such as swelling in the legs, crackles in the lungs, and shortness of breath. In addition, respondent failed to monitor patient M.K.'s weight on a weekly basis, in order to ensure that she was not gaining weight from too much fluid.
- 33. On or about July 23, 2012, respondent also prescribed chemotherapy drugs. Specifically, respondent prescribed to patient M.K., 2 mL of Cisplatin and 2 mL of Cyclophosphamide, once a week. Thereafter, respondent failed to monitor patient M.K. for a possible hemorrhagic cystitis (blood in the urine), a possible complication from Cyclophosphamide; respondent failed to ask patient M.K. about possible side effects from

Cisplatin and Cyclophosphamide; and respondent failed to conduct adequate and regular monitoring to check patient M.K.'s kidney function. Respondent has inadequate training in Oncology.

- 34. On or about July 30, 2012, respondent again ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient M.K. Based on the results of the July 30, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) Proper hydration and exercise; and
 - b) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.
- 35. On or about August 6, 2012, respondent again ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient M.K. Based on the results of the August 6, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) Proper hydration and exercise; and
 - b) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.
- 36. On or about August 6, 2012, respondent ordered and/or directed and/or approved administration of Intravenous therapy (IV therapy) on patient M.K. Respondent added 4 mL of DMSO and 2 mL of Cesium. Thereafter, respondent failed to properly monitor the fluid input and output of patient M.K. Respondent also failed to examine any signs or symptoms of fluid overload in patient M.K., such as swelling in the legs, crackles in the lungs, and shortness of breath. In addition, respondent failed to monitor patient M.K.'s weight on a weekly basis, in order to ensure that she was not gaining weight from too much fluid.

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and nutritional practices to support breast health and consideration of preventative treatment.

- 42. On or about August 27, 2012, respondent again ordered and/or directed and/or approved administration of a full body medical diagnostic ultrasound and thermography on patient N.H. Based on the results of the August 27, 2012, full body medical diagnostic ultrasound and thermography, respondent made the following recommendations, among others:
 - a) MRI;
 - b) Breast Ultrasound;
 - c) Abdominal and Pelvic Ultrasound;
 - d) Colon, gallbladder, and liver cleanses;
 - e) Proper hydration and exercise; and
 - f) Consultation with a qualified health care professional on environmental, lifestyle, and nutritional practices to support breast health and consideration of preventative treatment.
- 43. Between on or about August 1, 2012 and on or about October 15, 2012, respondent ordered and/or directed and/or approved administration of Intravenous therapy (IV therapy) on patient N.H. Respondent prescribed to patient N.H., 500 mL of 0.45% normal saline, 100 mL of sodium bicarbonate, 10 mL of Magnesium Chloride, N-Acetylcysteine, Glutathione, Phosphatidylcholine, and insulin. After IV therapy was initiated on patient N.H., respondent failed to properly monitor the fluid input and output of patient N.H. Respondent also failed to examine any signs or symptoms of fluid overload in patient N.H., such as swelling in the legs, crackles in the lungs, and shortness of breath. In addition, respondent failed to monitor patient N.H.'s weight on a weekly basis, in order to ensure that she was not gaining weight from too much fluid.
- 44. On or about October 16, 2012, respondent also prescribed 1 mL of Cisplatin, a chemotherapy drug. Thereafter, respondent failed to administer regular blood tests on patient N.H. in order to monitor any abnormalities such as bone marrow suppression and kidney failure; respondent failed to ask patient N.H. about possible side effects from Cisplatin. Respondent has

12 ACCUSATION

14 ACCUSATION

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

61. Respondent has further subjected his Osteoathic Physician's and Surgeon's Certificate No. 20A11324 to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged, in paragraphs 11 through 60, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

- 1. Revoking or suspending Osteopathic Physician's and Surgeon's Certificate No. 20A11324, issued to respondent Bennie Stephen Johnson, D.O.:
- 2. Ordering respondent Bennie Stephen Johnson, D.O., if placed on probation, to pay the Board the costs of probation monitoring;
- 3. Ordering respondent Bennie Stephen Johnson, D.O., to pay the Osteopathic Medical Board of California the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and
 - 4. Taking such other and further action as deemed necessary and proper.

DATED: July 14, 2016

ANGELINA M. BURTON

Executive Director

Osteopathic Medical Board of California

Department of Consumer Affairs

State of California

Complainant

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DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL

(Separate Mailings)

In the Matter of the Accusation Against: Bennie S. Johnson, D.O. Case No: 00-2013-003759

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 1300 National Drive, Suite 150, Sacramento, CA 95834.

On July 14, 2016, I served the attached Accusation, Statement to Respondent, Request for Discovery and Government Codes Sections 11507.5, 11507.6 and 11507.7 by placing a true copy thereof enclosed in a sealed envelope as certified mail with postage thereon fully prepaid and return receipt requested, and another true copy of the Accusation, Statement to Respondent, Request for Discovery and Government Codes Sections 11507.5, 11507.6 and 11507.7 as enclosed in a second sealed envelope as first class mail with postage thereon fully prepaid, in the internal mail collection system at the Office of the Osteopathic Medical Board of California addressed as follows:

NAME AND ADDRESS

(certified and regular mail)

Bennie S. Johnson, D.O. 227 N El Camino Real, #204A. Encinitas, CA 92024

Certified Mail No. 91 7199 9991 7034 8923 2978

91 7199 9991 7034 8923 2978

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on July 14, 2016 at Sacramento, California.

Steve Ly

Declarant

CC:

Jason J. Ahn, Deputy Attorney General